

DEPARTMENT OF SOCIAL SERVICES
744 P Street, Sacramento, CA 95814



October 13, 1987

ALL COUNTY LETTER NO. 87-140

TO: ALL COUNTY WELFARE DIRECTORS
ALL PUBLIC AND PRIVATE ADOPTION AGENCIES
ALL SDSS ADOPTIONS DISTRICT OFFICES

SUBJECT: MEDI-CAL INFORMATION DOCUMENT FOR CALIFORNIA CHILDREN PLACED
IN OUT-OF-STATE CARE

REFERENCE: ACIN I-79-83 AND ATTACHMENT PUB 99 (5/83) WHICH ARE HEREBY
SUPERCEDED, ACL NO. 86-131, DHS LETTER NO. 86-68

This will serve as notification of an updated Medi-Cal Information Document. The document provides current information about the services covered by Medi-Cal and the procedures to be followed by out-of-state providers in securing payment for approved services rendered to California children placed out-of-state through the Interstate Compact on the Placement of Children (ICPC). A copy of the Medi-Cal Information Document PUB 99 (10/87) is included herein for your convenience.

The updated document should accompany other related placement material once it is known that placement will occur out-of-state. Copies should be sent to the relative/nonrelative caretaker in the receiving state, as well as to the social worker in the receiving state agency that will be supervising the placement.

The document discusses the various responsibilities of beneficiaries, out-of-state health care providers and referring social workers or agencies. The covered service as outlined in the provider manual can be provided and claims processed in a timely manner when each participant completes his responsibilities.

It is to be noted that all Title IV-E (Federal AAP or Federal Foster Care) eligible minors, who are placed out-of-state, should be eligible for Medicaid in the receiving state. This change in the Medicaid program became effective on October 1, 1986 as a result of Public Law 99-272, referred to as the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). (See All-County Letter (ACL) No. 86-131 and ACL No. 86-68 issued by the Department of Health Services for more information.) Therefore Medi-Cal will continue to be provided only to nonfederally eligible minors placed out-of-state who have established linkage for Medi-Cal coverage. Medi-Cal should also continue to be provided to children placed in states that have not yet implemented the new COBRA provisions.

Additional copies of the Medi-Cal Information Document will be provided upon request by contacting the Department of Social Services Warehouse, P.O. Box 22429, Sacramento, California 95822. The phone number is (916) 322-6250. When ordering, please request PUB 99 (Rev 10/87). As this is a publication, it will be made available without cost.

Please direct questions and concerns related to the use of this document to the SDSS Interstate Placement Bureau consultant designated for your county. Consultants can be reached at (916) 323-2923.



LOREN D. SUTER
Deputy Director
Adult and Family Services Division

Attachment

cc: CWDA

MEDI-CAL INFORMATION DOCUMENT FOR
CALIFORNIA CHILDREN PLACED IN OUT-OF-STATE CARE

Medi-Cal is California's name for Medicaid, the Federal Medical Assistance Program authorized by Title XIX of the Social Security Act for needy and low income persons. Beneficiaries receive a monthly Medi-Cal card for each month that they remain eligible, and are reviewed for eligibility on an annual basis. Medi-Cal pays for health care for eligible California children placed in other states through the Interstate Compact on the Placement of Children under the following conditions:

1. When a treatment proposed by the child's attending physician or other health care provider is approved in advance by the California Department of Health Services.
2. Without prior authorization when an emergency arises from an accident, injury or illness.

Medi-Cal coverage is available for the following types of care: physician and other professional services, hospital services (inpatient and outpatient), prescription drugs and medical supplies, radiology and laboratory services, ambulance services, stays in long term care facilities, and prosthetic and orthotic appliances, durable medical equipment, etc. Certain procedures, however, must be followed to assure payment for such services.

Medi-Cal coverage of services include only those services considered necessary to protect life, prevent significant disability or serious deterioration of health. The California Department of Health Services implements this standard through various utilization controls including prior authorization. When a provider enrolls in the Medi-Cal program, a provider manual or billing syllabus which explains how this standard is applied is sent to that provider.

PROVIDER NUMBER REQUIRED

A doctor or health care provider must be approved and given a Provider Identification Number by the California Department of Health Services before a Treatment Authorization Request can be approved and before a claim for payment can be processed. An exception to this is the dental services provider. Please refer to that section in this document. An identification number assigned by a state other than California cannot be used to bill the California Medi-Cal Program. In order to obtain a California Provider Identification Number, a provider must contact the California Department of Health Services. An application will be sent to the provider, and the Department of Health Services will verify the provider's eligibility through the corresponding state's Medicaid or licensing agency.

Obtaining a Provider Identification Number can take from one to three months because of the communications necessary between the provider, the California Department of Health Services, and the corresponding state's medical licensing agencies. For that reason, some providers are not willing to accept Medi-Cal as payment for services. It is important, therefore, that a provider willing to accept Medi-Cal be identified as soon as possible, even for a well child before health care is actually needed. If the relative or foster parent of a California Interstate Compact Child is unable to find a provider that accepts Medi-Cal as payment for services in their area, they or the child's social worker may write or call the California ICPC Office for assistance in obtaining a list of already established Medi-Cal providers in their areas. The address/phone number is:

Interstate Placement Bureau
Department of Social Services
744 P Street, M/S 9-108
Sacramento, CA 95814
(916) 323-2923

The provider should be given a copy of this Medi-Cal Information Document. After reading the document carefully the provider can write or call the following office to request an application for a provider number:

Provider Enrollment Section
Department of Health Services
P.O. 942732
Sacramento, CA 94234-7320
(916) 323-1945

When the application is received, the provider should complete the application and return it to the Provider Enrollment Section as soon as possible. The provider should write at the top of the application, preferably in red ink, "INTERSTATE COMPACT CHILD - PLEASE EXPEDITE". This will assure priority treatment of the application.

PRIOR AUTHORIZATION REQUIRED

When the child is in need of routine medical care, prior authorization MUST always be obtained. This includes such services as immunization shots, physical check-ups, nonemergency dental or vision care services, follow-up care to an emergency, or ongoing care for a continuing medical problem. These medical services can be planned for in advance by the caretaker and the provider. The provider must receive approval from the California Department of Health Services before treatment is provided. Approval for all nonemergency services except vision care is requested on the Treatment Authorization Request (TAR) form. This statement should also be written at the top of all subsequent Treatment Authorization Requests. Once the provider receives a Medi-Cal provider number, Medi-Cal may be billed for services rendered. The TAR should be completed as quickly as possible and submitted to the Out-of-State Unit of the Medi-Cal Field Office at the following address:

Department of Health Services
Medi-Cal Field Office
Attn: Out-of-State Unit
P.O. Box 3704
San Francisco, CA 94119

MEDI-CAL CARD INFORMATION REQUIRED

A new Medi-Cal card is received by the relative/foster parent on behalf of the child for each month the child is entitled to Medi-Cal benefits. If there is more than one child in the family, each eligible child will receive a separate card. The patient should always take the Medi-Cal card when visiting the provider or hospital for any reason. The monthly card issued by the State of California will resemble the sample depicted on the last page of this publication.

Medi-Cal benefits are obtained by giving the doctor one of two kinds of adhesive labels from the Medi-Cal card. The two kinds of labels are "MEDI" and "POE" (Proof of Eligibility). Only two "MEDI" labels are provided per card. A MEDI label must be used each time one of the following services are provided: chiropractic services, audiology services, psychology services, occupational therapy services, or speech therapy services. If available, MEDI labels must be submitted with claims for podiatry office visits. Other services require a "POE" label, a photocopy of the Medi-Cal card, or the beneficiary's name and Medi-Cal number correctly entered on the claim form. The month indicated on the label or card must correspond with the month medical services are provided.

The provider should either take a label or make a photocopy of the Medi-Cal card each time services or care is provided. If emergency services are needed at any time, the provider or hospital providing the service will need either one of the "POE" labels from the card or a photocopy of the card.

If a treatment authorization is required on an urgency basis oral approval may be given by Out-of-State Unit. However, the provider must follow up this oral approval by submitting a completed TAR in the usual manner. The TAR should include the treatment authorization number given orally by the Out-of-State Medi-Cal Unit. Written authorization for the services will then be sent to the provider.

EMERGENCY SITUATIONS

Prior authorization is not required in an emergency due to accident, injury, or illness where the child's health would be endangered by postponing treatment. Emergency services are defined as those required for alleviation of severe pain or the immediate diagnosis and treatment of unforeseen medical conditions which could lead to disability or death if not immediately treated. Providers, when billing for outpatient services rendered on an emergency basis, must complete the Emergency Certification Statement on the claim form (40-1).

A TAR is not required. All inpatient hospital stays, including emergency stays, require prior authorization from the first day. When submitting TARS, providers must include documentation indicating that the procedure was medically necessary in accordance with the new standards and that an emergency condition existed. For emergency hospitalization, providers should obtain an oral (telephone) control number from the Out-of-State Unit as soon as possible.

CLAIMS

A claim for payment should not be submitted until the provider has received a written authorization for the services from the California Department of Health Services. All claims, with the exception of dental service claims, may be submitted only on California Medi-Cal claim forms. No other billing forms, invoices or statements can be accepted. These forms are provided at the time a Provider Identification Number is sent to the provider. Claims for services requiring a "MEDI" label must have the label attached, and other claims must have a "POE" label, copy of the current Medi-Cal card, or the beneficiary's correct name and Medi-Cal number in order for the claim to be approved and paid.

If providers (other than dental) have any questions regarding completion of the claim form, they are encouraged to call or write:

Computer Sciences Corporation
Attn: Out-of-State Unit
P.O. Box 15000
Sacramento, CA 95813
(916) 920-5000

All Out-of-State claims must be sent to the above address prior to being processed for payment.

DENTAL SERVICES

Dental services are handled separately and differently from other Medi-Cal services. The two major differences are (1) a California Provider Identification Number is not required, and (2) Claims may be submitted on any state's Medicaid claim form or other insurance claim form. Nonemergency services still require prior authorization before the treatment begins. A "POE" label from the Medi-Cal Card or a photocopy of the Medi-Cal Card must accompany the claim form. The claim form and attached "POE" label or photocopy should be submitted directly to Delta Dental Services at the following address:

Delta Dental Services
7667 Folsom Boulevard
Sacramento, CA 95826
(916) 386-1620

VISION CARE

Vision Care Providers should contact the Vision Care Unit, Benefits Branch, California Department of Health Services, 714 P Street, Room 1640, Sacramento, California 95814, Phone: (916) 322-3997, for prior authorization and claims assistance.

If the provider experiences any difficulties with obtaining a Provider Identification Number or a treatment authorization number, or if a number is required on an urgency basis, the provider should contact the Out-of-State Unit of the California Department of Health Services at (415) 557-2770.

The monthly card issued by the State of California will resemble the sample depicted below:

MONTH & YEAR OF ELIGIBILITY DATE OF BIRTH YEAR OF BIRTH BENEFICIARY SEX

RETROACTIVE INDICATOR MEDICARE/RR#/HIC/SS NUMBER RETRO: AUG 84 07/20/ 44 7 SSA# 123456789

BENEFICIARY ID BENEFICIARY NAME BENEFICIARY ADDRESS COUNTY CODING

19-30-3777777-7-77 **9** FIRSTNAME LASTNAME 1ST ADDRESS LINE 2ND ADDRESS LINE CITY STATE CA 99999 MEDSID 123456789

OTHER COVERAGE CODE STATE CODING SEX CHECK DIGIT

BENEFICIARY NAME BENEFICIARY ID NUMBER MEDICARE STATUS (BLANK MEANS NON-ENTITLEMENT, "2" INDICATES MEDICARE COVERAGE)

VALID MONTH YEAR OF CARD YEAR OF BIRTH PHP CODE RESTRICTED SERVICES

TYPE OF LABEL OTHER COVERAGE

AN APPROPRIATE LABEL OR A PHOTOGRAPH OF THE CARD MUST ACCOMPANY EACH CLAIM.

THE PERSON NAMED ON THIS CARD IS ELIGIBLE TO RECEIVE BENEFITS UNDER MEDI-CAL. THE PROGRAM REQUIRES THAT PROVIDERS BILL CHARGES, SATSFY, AND POST-LOOK AFFORD MEDI-CAL CAN BE KILLED. PROVIDERS ARE ENCOURAGED TO BILL ALL OTHER HEALTH COVERAGE CARRIERS DIRECTLY.

L	A	S	T	N	A	M	E	F	I	R	F	9
1	9	3	0	3	7	7	7	7	7	7	7	7
0	8	8	4	P	4	4	N					

**SUMMARY OF ROLES FOR PARTICIPANTS IN INTERSTATE COMPACT
FOR CHILDREN PLACEMENTS INVOLVING MEDI-CAL**

SOCIAL WORKERS, RELATIVES AND FOSTER PARENTS should be aware that:

1. Not all health care providers accept Medi-Cal for payment of health services, or are willing to participate in the program.
2. Prior authorization from the California Department of Health Services is necessary for all treatment except emergencies.

SOCIAL WORKERS should take the following actions:

1. Encourage early selection of a personal physician for the child who is willing to accept Medi-Cal payment for services.
2. Provide the Medi-Cal Information Document to relative and nonrelative caretakers and physician.
3. Assure the child has a Medi-Cal card each month. Contact the California Social Worker if the card has not been received by the care provider.
4. Obtain assistance with problems as necessary from the Interstate Compact Administrators office.

RELATIVES AND FOSTER PARENTS should take these actions:

1. Secure a personal physician for the child who is willing to accept Medi-Cal payment for services as soon as possible.
2. Provide the doctor with the Medi-Cal Information Document.
3. Preplan routine or ongoing treatment with the doctor.
4. Always take the child's Medi-Cal card to the doctor's office or health care facility.
5. Contact the social worker with any problems pertaining to Medi-Cal as soon as possible, especially if a current card has not been received.

PHYSICIANS AND OTHER HEALTH CARE PROVIDERS SHOULD BE AWARE THAT:

1. A Provider Identification Number is required for all health care providers except for dental service providers before a claim for payment can be processed. It can take up to three months to obtain this number from California.

2. Prior authorization is required from California for all inpatient stays and for all nonemergency Outpatient services.
3. Each claim for payment must be accompanied by a copy of the child's current month Medi-Cal card or an appropriate label from that card. However, a photocopy of the Medi-Cal card is not an acceptable alternative for a "MEDI" label. Correct entry of the beneficiary's name and Medi-Cal number on the claim form is an acceptable alternative for a "POE" label.

PHYSICIANS AND OTHER HEALTH CARE PROVIDERS SHOULD TAKE THE FOLLOWING ACTIONS:

1. Apply for a Provider Identification Number from California as soon as possible. (Dental service providers excepted.)
2. Obtain prior authorization for all treatments except emergencies.
3. Write in red ink at the top of the "Application for Provider Identification Number", and "Treatment Authorization Request" forms:

"INTERSTATE COMPACT CHILD - PLEASE EXPEDITE"
4. Photocopy the child's current month Medi-Cal card or remove appropriate label each time the patient is treated.
5. Promptly submit claims for payment on proper Medi-Cal claim forms, with copy of Medi-Cal card or label attached. (Dental service providers may use other claim forms.)
6. Contact the patient's relative/foster parent or social worker with any problems and request that the social worker contact the Inter-state Placement Bureau for assistance.